

Violence and Public Health: Update

By

C. Everett Koop, MD, ScD

Surgeon General

U.S. Public Health Service

U.S. Department of Health and Human Services

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Early on as Surgeon General, I made the plea that violence be shifted from being purely under the purview of jurisprudence to being a joint interest with public health. Violence is a public health problem. In line with the comments I made in the introduction this section of the archive beginning in 1986, I said that these were a peculiar collection of papers, which summarized the state of the art, as of the day of the lecture. This is a perfect example.

I was speaking to my own family – the Commissioned Officers Association – and what I was attempting to do was to give them a very brief, but nevertheless, cogent summary of violence and public health and the relationship that we in the Public Health Service should have to the scourge of interpersonal violence in the U.S. I began by recounting a number of reports received by the children's Bureau in the late 1950s concerning the physical abuse of children by parents and others responsible for their care. Then in 1961, one of the social workers of the bureau brought a hand full of newspaper clippings about children with adult-inflicted serious injuries to Dr. Katherine Bain, the director. As a result, Dr. Bain, in January of 1962, held a workshop to which were invited pediatricians, psychiatrists, social workers, public health nurses, and judges from juvenile courts. Their charge was to consider what needed to be done, and from these small beginnings flowed many of the current activities of the Public Health Service.

Twenty-three years later, I as Surgeon General writing in an editorial in "Public Health Reports" in January/February of 1986 said: "Throughout our history, Americans have remained committed to a social contract that respects the rule of law, that promotes peaceful intercourse among citizens and that has as its highest value the protection of human life." I reiterated that violence affects public health in a profound manner, and I reminded the audience that I had convened a workshop on that subject in Leesburg, Virginia in October of 1985.

As Surgeon General, I had made a concerted and progressive effort to call attention to violence as a public health issue.

I started by talking to pediatricians, stressing that they were the ones who could pick up aggressive behavior in youngsters and perhaps prevent violent behavior later on, then turned to psychiatrists and suggested that it was their obligation to do the necessary behavioral research. Progress in both these fields has been encouraging.

I next turned to television and suggested that a time had come for the industry and the government to stop criticizing each other's research and work together to find out why people were attracted to violence in the first place. From that came an encouraging dialogue with the top brass of all the then major networks, and one of their number was appointed to be on the planning committee for the Leesburg workshop.

I wanted to convey to this audience the seriousness with which we, in the United States Public Health Service looked upon the phenomenon of family violence and in addition, I wanted to indicate what the role of the health and medical professionals were – and might be – in protecting our citizens from violent injury and death in their own homes.

First of all, the public health community had been kept apprised of the overall issue of violence through the record keeping of the National Center for Health statistics. We knew that our children and our young adults and our senior citizens were the most vulnerable.

Family violence is still constantly under-reported. During my tenure, we documented 800,000 reports of child abuse a year, but other indicators seemed to put that number at least two million and even perhaps as high as four million. The same is becoming true of elder violence.

Each year we received about 1,300 reports of homicides in folks 65 or older, but a survey in 1980 suggested that a million cases of elder abuse occurred each year, and of course, the number has climbed since then.

Domestic violence is a catastrophe that can strike any family and research into this subject moves steadily a pace in academia and in our own National Institute of Mental Health.

However, we really have to focus the spotlight back on health and service professions, because we have to learn more about the people who –by the nature of their professions – are on the very front line of the prevention and control of family violence.

We need more accuracy. According to a New Haven study out of Yale, 18.7 per cent of women admitted as patients to a large metropolitan emergency room had medical histories indicating clearly that they had been battered or strongly suggested that they had. However, the attending emergency personnel only classified one per cent as abused and simply identified the others as trauma victims. What became of the other 17 per cent?

Unfortunately, insensitivity to battered and abused women can be repeated concerning abused and neglected children and battered elderly persons as well.

For this reason, I continued to exploit every meeting with our colleagues in academia to raise their levels of consciousness in these matters. We need to give our best prevention effort and attention to this area of service. I say that knowing the uneasiness felt by many physicians and other health professionals when society casually ask medicine to solve what simply may not be a health or medical problem – at least in their eyes. I think it is our problem and I think every abused child we seen in an emergency room is a failure. So is every battered woman taken in by

a shelter and so is every elderly person who is beaten or otherwise abused by adult children or violence-prone grandchildren.

The cycle of violence must be broken, and we must turn to our social and community services, and particularly our Public Health Services. Hence, wherever it occurs is a threat to individual, family, and community life. This makes it very much an issue for public health.

The introduction to this lecture is sufficiently detailed that I do not believe an index is indicated.